

REQUIRED IDENTIFICATION (ID) TO OBTAIN A BIRTH CERTIFICATE:

MUST SHOW EXPIRATION DATE...NOTHING CAN BE EXPIRED!

WRITTEN SIGNATURE ON APPLICATION FORM SHOULD MATCH THE SIGNATURE ON YOUR ID'S.

ALL ID'S MUST BE IN YOUR CURRENT NAME. IF THE ID IS NOT IN YOUR CURRENT LAST NAME, YOU WILL NEED DIVORCE PAPERS, MARRIAGE LICENSE, ETC. SHOWING THE CHANGE OF YOUR LAST NAME.

1. Two ID's (see FIRST ID and SECOND ID below). One ID must have your picture on it and must be readable with a clear picture.
2. At least one document must have your written signature.
3. We will photocopy your ID when you come into our office. If you mail in an application, you must send us a clear photocopy of your ID.

FIRST ID:

- One photo ID such as Driver's License or State ID Card issued by a License Branch in the United States, passport, military ID, or a Department of Correction ID issued within the past year.

SECOND ID:

- Vehicle registration
- W-2 forms
- Checkbook - must have name and address printed on checks
- Voter Registration
- Social Security Card issued by Social Security Office
- Medicaid, Medicare or other Health Insurance Card
- Report Card dated within a year
- Library Card
- Car Insurance
- Employment License –Nurse, Cosmetology, Liquor License, Bar Association, etc
- Gun Permit, Hunting or Fishing License, Union Cards
- Letter from Probation Office on their letterhead, signed by Parole Officer
- Credit Card
- Payroll Stub—computer printed with first and last name printed on it
- Marriage License
- Work ID with first and last name
- Previous year's Tax Return

FEE:

\$6.00 per copy. We take cash, cashier check or money order. NO PERSONAL CHECKS.

Make cashier checks or money orders payable to: Vigo County Health Department.

We do not recommend sending cash through the mail.

OFFICE HOURS:

- Applications taken 8:15 am until 3:15 pm
- Monday – Friday, Closed for Holidays

BIRTH CERTIFICATE MAY BE OBTAINED BY:

- Self - Must be 18 years or older
- Husband or Wife – They will need two ID's plus something with the husband and wife's name both on it. They could use their marriage license, checkbook, car registration, insurance card or property taxes. If the wife's last name is different from his, we need to see a copy of the marriage license.
- Mother
- Father - If his name is on the Birth Certificate
- Child/Grandchild can get parent's or grandparent's Birth Certificate if child/grandchild is over age 18. Can get only if their parent's name is on their Birth Certificate.
- Brother, sister, half-brother or half-sister – Must be 18 years or older. The sibling they are requesting the Birth Certificate for must be over 18 years old and they must have one parent in common.
- Grandparents can get their grandchild's Birth Certificate. If it is the father's parents, he must be listed on the child's Birth Certificate.
- If adopted, the adoptive parents and grandparents can get the Birth Certificate. Birth parents and birth grandparents cannot get the Birth Certificate once the adoption is complete.

Please mail the completed Application Request Form, copies of ID's, money and a self-addressed stamped envelope to:

Vigo County Health Department
Vital Statistics
171 Oak Street
Terre Haute, Indiana 47807

If you have questions, please call Vital Statistics at 812-462-3442.

1 Photocopy of Drivers License or State-Issued photo ID and 1 other ID and a self-addressed stamped envelope required.

APPLICATION FOR SEARCH AND/OR CERTIFIED COPY OF BIRTH RECORD
Vigo County Health Department

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12.

PENALTY: CLASS D FELONY; UP TO THREE YEARS IMPRISONMENT & UP TO \$10,000 FINE.

To be completed by individual making a request to:

1. Inspect vital record(s);
2. Obtain a certified copy of a vital record.

In accordance with Indiana Code 16-37-1-8, the following information is required to obtain a certified copy of any vital record. Please read this application thoroughly and complete all items. A search or inspection fee will be charged.

Full Name at Birth: _____

Legal Name Change: _____

Birthplace: _____

Date of Birth: _____

Adopted: Yes _____ No _____ Name Before Adoption: _____

Mother's First, Middle and Maiden Name: _____

Mother's State of Birth: _____

Father's First, Middle and Last Name: _____

Father's State of Birth: _____

Relationship to Person Whose Record You Are Requesting: _____

Purpose For Which Record Is To Be Used: _____

Your Name (Please Print): _____

Your Signature: _____

Your Phone Number: _____

Your Address: _____

Street Name and Number

City

State

Zip Code

*SPECIAL NOTE: We reserve the right to notify the record holder of your request for this personal information.

DO NOT WRITE BELOW THIS LINE

RCD
COST
CHANGE
INITIALS
RECEIPT NUMBER
ISSUED RECEIPT

VOL _____
PAGE _____
FILED _____
COPIES _____